## P1600067498

(Re	questor's Name)	
	dress)	
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_ `	
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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SECRETARY OF STATE
TAIL AMASSEE, FLORIDA

AUG 03 2018 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Viking Marine Exhaust Inc

P16000067498

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rena Hagstrom

Name of Contact Person

Viking Marine Exhaust Inc

Firm/Company

5470 NW 161 Street

Address

Miami Gardens FL 33014

City/State and Zip Code

rena@vikingmarineexhaust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rena Hagstrom

at / 5

379-4348

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Viking Marine Exhaust Inc
2. The principal	E 470 NIM 161 Chroat
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 08/09/2016 Document number: P16000067498
	d street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)
	Core Capital Group Inc
	1451 W Cypress Creek Rd #312
	Ft. Lauderdale FL 33309
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Johan Hagstrom
	5470 NW 161 Street
	P.O. Box NOT acceptable  Miami Gardens FL 33014
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Shipati	Rena Hagstrom Pres.  Printed or typed name and title
I hereby accept I further agree	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.    1/24/2018   Date   Da
If signing on be	chalf of an entity:
<u>Joho</u>	w Hagstrom yped or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*